## THE ASSISTANT SECRETARY OF DEFENSE



## 1200 DEFENSE PENTAGON WASHINGTON, DC 20301-1200

DEC 1 0 2003

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR OF THE ARMED FORCES INSTITUTE OF
PATHOLOGY
PRESIDENT, UNIFORMED SERVICES UNIVERSITY OF
THE HEALTH SCIENCES
CHIEF MEDICAL OFFICER, TRICARE MANAGEMENT
ACTIVITY

SUBJECT: Policy on Structure of the Department of Defense Patient Safety Program

This policy establishes new structure and accountability for the Department of Defense Patient Safety Program. Effective immediately, a Patient Safety Division within the TRICARE Management Activity (TMA) Office of the Chief Medical Officer (OCMO) shall be established for oversight and control of the DoD Patient Safety Program. The Director of the TMA OCMO will supervise the Patient Safety Division. This division will manage the administration, coordination, communication, budget, and contract oversight needs of the DoD Patient Safety Program. Additionally, the Health Care Team Coordination Program shall reside under the direction of the Patient Safety Division within the TMA OCMO.

Through the Army Executive Agent, the DoD Patient Safety Center within Armed Forces Institute of Pathology (AFIP) shall focus on the management and analysis of the Patient Safety Registry/Database and report these data to the Services' Safety Programs and to the Patient Safety Division within TMA OCMO. Through the Navy Executive Agent, the Center for Education and Research in Patient Safety within USU shall focus on education, research, development, and report progress to the Patient Safety Division within TMA OCMO.

The Patient Safety Working Group shall redefine its membership and transition into the Patient Safety Planning and Coordination Committee (PSPCC). The PSPCC members shall include representatives from the Patient Safety Division within TMA OCMO, the Services, and others as appropriate. The PSPCC members will work closely together to formulate effective, integrated solutions on all DoD Patient Safety Program operational issues and provide counsel to the Director of the TMA OCMO.

**HA POLICY: 03-025** 

As directed, the Patient Safety Integrated Project Team (IPT) will finalize the budget that corresponds to the Program Management Plan for the program. Under the direction of the Patient Safety IPT, the Patient Safety Information Management/Information Team Working Group Integrated Project Team (WIPT) will continue with its task in defining Information Management/Information Team requirements needed for the Patient Safety Database. Once the Patient Safety IPT and WIPT have completed their tasks, the Patient Safety IPT will expire and transfer their responsibilities to the Patient Safety Division within TMA OCMO and the Patient Safety WIPT will expire and transfer its responsibilities to the Patient Safety Planning and Coordination Committee.

A Patient Safety Executive Council is established. The TMA CMO will chair this senior council with membership to include Services' Deputy Surgeons General and additional representatives from other agencies as needed (e.g., USU and AFIP). The DoD Patient Safety Program represents a significant investment in realizing our fundamental goal to our patients and our Military Health System (MHS) – to provide health care of the highest quality. The Council shall provide oversight on DoD Patient Safety Program operations, and develop patient safety policies for implementation across the DoD Patient Safety Program.

I am confident this new structure of the DoD Patient Safety Program will provide an enhanced collective environment for the advancement of patient safety initiatives for MHS beneficiaries. I look forward to working with each of you to provide outstanding healthcare to our patients and beneficiaries.

William Winkenwerder, Jr., MD

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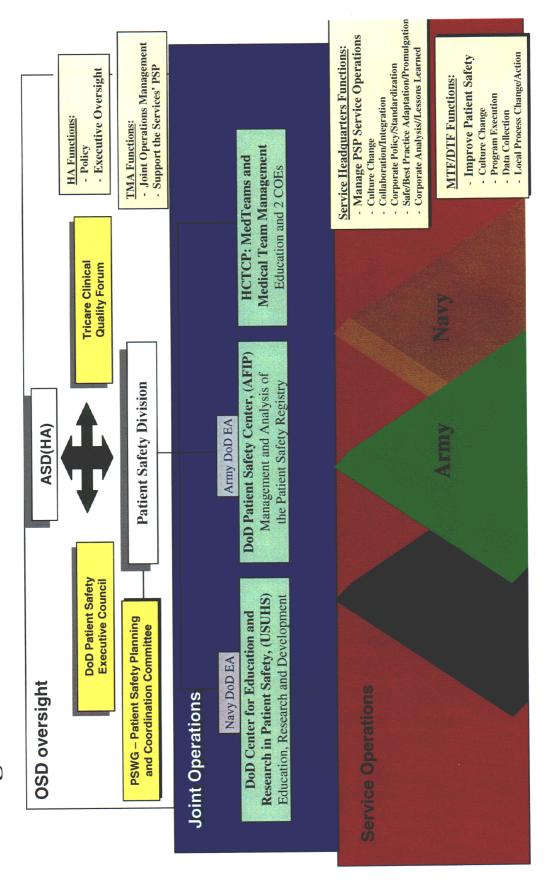
Attachment: As stated

cc:

Surgeon General of the Army Surgeon General of the Navy Surgeon General of the Air Force

**HA POLICY: 03-025** 

## Organization Chart for the DoD Patient Safety Program



Effective: November 6, 2002